

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012359

STATE FILE NUMBER

444

| | | | | |
|---|---------------------------|---|--|---|
| MAY 4 1959 | | Registration District No. 042 | Primary Registration District No. 1000 | Registrar's No. 444 |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1316 So. 9th St., | | Length of stay in lb 30 years | | d. STREET ADDRESS (If outside, give location) 1316 South 9th St., |
| 3. NAME OF DECEASED (Type or print) First Edward Middle J. Last Edgar | | 4. DATE OF DEATH Month April Day 27, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 25, 1883 | 9. AGE (In years last birthday) 75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Ehrlich & Sons Mfg. | | 11. BIRTHPLACE (City and state or country) Oceola, Iowa |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Jesse Edgar | | 13b. MOTHER'S MAIDEN NAME Sarah Wry | | 14. NAME OF HUSBAND OR WIFE Rose L. Edgar |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-10-2536 | | 17. INFORMANT Harry Edgar, Kansas City, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage cerebral vessels DUE TO (b) Self-inflicted pistol wound in head DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | INTERVAL BETWEEN ONSET AND DEATH at once at once |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-inflicted pistol wound to head | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20c. TIME OF INJURY Hour 4:30 a.m. Month, Day, Year 4 27 59 | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1316 S. 9 | | |
| 20f. CITY, TOWN, OR LOCATION Saint Joseph Buchanan MO | | COUNTY STATE | | |
| 21. I attended the deceased from death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE (Degree or title) H. Melaney M.D. Coroner 3 | | |
| 22b. ADDRESS 214 Saint Joseph MO | | 22c. DATE SIGNED 4-28-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Apr. 30, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery |
| 23d. LOCATION (City, town, or county) St. Joseph, Missouri | | 23e. STATE | | |
| 24. FUNERAL DIRECTOR Mrs. Clark Howdell | | 25. DATE RECD. BY LOCAL REG. April 30, 1959 | | |
| 26. REGISTRAR'S SIGNATURE Mrs. Clark Howdell | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. E. Melaney
vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Albert P. Harrington

Licensed Embalmer No.

P. O. Address

*3558
St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.